

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3875

State File No.

FILED FEB 9 1949

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BRETON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BRETON</u>	
c. LENGTH OF STAY (In this place) <u>39 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>STONY POINT MINERAL POINT RR #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>MINERAL POINT R.R. #1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOEL</u>	b. (Middle) <u>EVERETT</u>	c. (Last) <u>MOSIER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>1 25 49</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 26, 1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CRAWFORD MOSIER</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE ARNOLD</u>	14. NAME OF HUSBAND OR WIFE <u>MAGGIE MOSIER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAGGIE MOSIER MINERAL POINT RR #1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		<u>1-23-49</u>
	ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Pneumonia - LOBAR</u>		<u>1-21-49</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20/1</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1-23, 1949, to 1-25, 1949, that I last saw the deceased alive on 1-23, 1949, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward W. Lee, Jr., D.O.</u>	23b. ADDRESS <u>Potosi, Missouri</u>	23c. DATE SIGNED <u>1-26-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOSIER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WASHINGTON County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/11/49</u>	REGISTRAR'S SIGNATURE <u>H. E. K. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bert L. Boyer Leadwood Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 249-199
Date Filed 2-8-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

Signed William E. Boyer
Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3448

P. O. Address Leadwood MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.